



**Administrative Closure
Consult Management Concerns
Central Arkansas Veterans Healthcare System (598/00)
Little Rock, AR
MCI #2014-04496-HI-0587**

The VA Office of Inspector General Office of Healthcare Inspections received allegations from a confidential complainant reporting that: (1) a backlog of consults for Geriatrics, Medicine, Surgery (specifically Orthopedics), and Psychiatry services in 2013 was cleared by using vague criteria to deny the consult request, (2) non-formulary drug consults were routinely denied by Pharmacy Service, and (3) 100-percent service connected veterans have been denied admission to the North Little Rock Community Living Center (CLC) for long-term care after the admissions screening committee was given guidance by facility leadership to not admit long-term care patients to avoid permanently filling beds.

We reviewed the original complaint, consult data available through Veterans Health Administration Support Service Center, electronic health records (EHRs), and facility policies and procedures. We then conducted an interview with facility leadership on October 7, 2014.

Backlog of Consults. We did not substantiate that a backlog of consults for Geriatrics, Medicine, Surgery (specifically Orthopedics), and Psychiatry services in 2013 was cleared using vague criteria to deny the consult request. We analyzed Geriatrics, Medicine, Surgery, and Psychiatry consult data for calendar years 2012 and 2013, including the numbers of consults received each month, the number of consults completed each month, and the number of consults cancelled or discontinued each month. The evaluation did not show that the named services had a backlog of their respective consults during the 2 years reviewed. Facility leadership stated that consult data is reported to the leadership team weekly by the individual services and that there was no known backlog in answering consults for calendar years 2013 or 2014.

We further reviewed a random sample of 50 EHRs for all cancelled and discontinued consults for both the Orthopedic and General Medicine Sections during quarter 4 of FY 2013 based on the high volume of consults completed and discontinued for these services. There were 427 discontinued orthopedic consults in quarter 4 of FY 2013 but no cancelled consults. The EHR review showed valid reasons for the discontinuation of the consults, such as the patient did not show, cancelled, or did not want the appointment; the patient needed radiological or other type of study completed prior to the appointment; or the consult was a duplicate of an active consult. For General Medicine Section, 76 consults were discontinued and 2 consults cancelled during quarter 4 of FY 2013. EHR reviews showed valid reasons for the discontinuation or cancellation of these consults, such as the patient did not show or cancelled the appointment; the consultant made recommendations for labs or studies and suggested to re-consult if needed after the labs/studies were completed; or the patient was already being followed by the primary care provider or another service for the same issue.

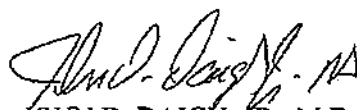
Non-Formulary Drug Consults. We did not substantiate that non-formulary drug consults were routinely denied by Pharmacy Service. The complainant did not specify a timeframe for Pharmacy Service non-formulary drug request issues; therefore, we reviewed consult data for

quarters 1 and 2 of FY 2014. Pharmacy Service processed 98 universal non-formulary drug consults during the review period, approved 76 (78 percent) consults , and cancelled or discontinued 22 (22 percent) consults . We reviewed the corresponding EHRs for all 22 cancelled or discontinued consults and found all had valid reasons for being cancelled or discontinued, such as a generic drug substitution or a formulary alternative drug recommendation, the drug required a specific non-formulary request instead of the universal consult, or the patient was already approved for the drug and had an active order for the drug. Additionally, we reviewed the EHRs for all 38 completed universal non-formulary drug consults for quarter 2 of FY 2014 and found that the patients received the requested non-formulary drug in these completed consults unless the ordering provider had reason to hold or delay dispensing the drug.

CLC Admission. We did not substantiate that 100-percent service connected veterans have been denied admission to the North Little Rock CLC for long-term care after the admissions screening committee was given guidance by facility leadership to not admit long-term care patients to avoid permanently filling beds. A consult is completed when a patient is accepted for admission but is cancelled or discontinued if the admission is denied. We reviewed the EHRs of the 173 patients who had consults placed for admission to the CLC in quarters 1 and 2 of FY 2014 where the consult was cancelled or discontinued. Of those 173 consults, 27 (16 percent) were for 100-percent service connected veterans, and 73 (42 percent) were for veterans who had service connection of 10-100 percent. All 27 consults for veterans with 100-percent service connected disability and all 73 consults for patients with some service connected disability had valid reasons documented for the cancellation or discontinuation of the consult, such as the consult was a duplicate; the patient was requiring intravenous medication or hydration; the patient had pending studies, consults, or medication adjustments that needed to be addressed prior to admission to CLC; or the patient/family requested a facility closer to home or home instead. We also reviewed EHRs for the 83 completed CLC consults for quarter 2 of FY 2014, and all but 2 of the patients were admitted to the CLC; one patient chose to return home, and the other chose a group home closer to family.

The facility reported that an interdisciplinary team from Geriatrics Service reviews consults daily and makes decisions regarding the appropriateness of CLC admissions. The results are reported to facility leadership daily during the work week. The CLC accepts no patients requiring ventilator support or continuous observation due to behavior issues. The patient's goals for admission are also taken into consideration when reviewing the CLC consults, and the Veterans Millennium Health Care and Benefits Act (Mill Bill) priority criteria are used to rate and rank patients deemed appropriate for admission to the CLC.

Based on our review, I am administratively closing this case.

 11/17/14
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Healthcare Inspections